

<p style="text-align: center;"><b>STATE OF ALASKA</b> <b>ADA REASONABLE ACCOMMODATION REQUEST</b></p>
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To be eligible for a reasonable accommodation under the Americans with Disabilities Act (ADA), you must (1) be qualified to perform the essential functions of your position and (2) have a qualifying disability that limits a major life function. A detailed explanation of the rights and obligations of employees under the ADA is contained in *The Americans With Disabilities Act: Your Employment Rights as an Individual with a Disability*, which is available from your supervisor, the department Human Resource Office, or the State ADA Coordinator's Office in the Department of Labor and Workforce Development.

In order to complete this form, you will need to discuss the essential functions of your job with your supervisor. You may also contact your Division or Department ADA Coordinator or your department's Human Resources Manager if you have questions or need information about the ADA or the process for requesting reasonable accommodation.

**Employee Information**

<b>Name</b>	<b>Job Title</b>	<b>PCN</b>
<b>Department</b>	<b>Division</b>	
<b>Region/Section</b>	<b>Location</b>	
<b>Telephone</b>	<b>E mail</b>	
<b>Supervisor's Name</b>	<b>Telephone</b>	<b>Fax</b>

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected.  
Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.
2. Describe any mitigating measures (medication, assistive technologies such as wheelchairs, etc.) you are using because of the disability, and the effect of those measures on the disability.

3. Describe how your condition limits your ability to perform the essential functions of your job. Identify the essential functions affected and be specific about how the medical condition impairs your ability in each instance.
4. Describe the accommodation you are requesting.
5. Explain how the accommodations you are requesting will enable you to perform the essential functions of your job. Be specific.
6. Will you be able to perform all of the essential functions of your job if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.
7. Do you need assistance to identify accommodations that will enable you to perform the essential functions of your job? If you do, explain what type of assistance you need.

8. Provide any information or suggestion you can on how the requested accommodation(s) can be provided. If known, include the names, addresses and telephone numbers of vendors and the model number and approximate cost of any equipment requested.

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Employee Name (Please print)

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Work Telephone

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Signature

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Date

**STATE OF ALASKA**  
**ADA REASONABLE ACCOMMODATION REQUEST**  
**Department Review and Action**

**Employee's Supervisor**

1. Essential functions list attached: \_\_\_\_\_
2. Essential functions discussed with employee: Date \_\_\_\_\_
3. Requested modification(s) discussed with employee: Date \_\_\_\_\_
4. Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor Name (Please print)

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approving Authority** (as designated by agency policy)

Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Division Director (Please print)

\_\_\_\_\_  
Work telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department ADA Coordinator**

Recommendation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Coordinator Name (Please print)

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Commissioner** (If requested accommodation denied)

Determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CC: Division ADA Coordinator  
Department Human Resources Manager



**STATE OF ALASKA  
AMERICANS WITH DISABILITIES ACT  
REASONABLE ACCOMMODATION REQUEST**

Documentation in Support of Request: Health Care Provider Information

Attached to this form is the current description of the essential functions of the position occupied by \_\_\_\_\_ (employee name), including the physical and mental demands of the job. Please answer the following questions regarding the employee's condition as it relates to the essential functions and possible accommodations. The employee's signed Release is also attached.

1. Does the employee have a disability that substantially limits a major life activity?  
If so, describe the disability and the limitation.
  
  
  
  
  
  
  
  
  
  
2. Does the employee use any mitigating measures (medications, assistive technologies, etc.). How do the mitigating measures affect the disability?
  
  
  
  
  
  
  
  
  
  
3. Does the disability affect the employee's ability to perform any one of the essential functions of the position? ☐ yes ☐ no  
If yes, please describe the impact on the person's ability to perform specific functions. Describe the effects of any mitigating measures used.

4. Are there any accommodations that in your opinion would allow the employee to perform the essential functions of the job? If so, describe those accommodations.
  
5. If the employee cannot perform the essential functions of this position with or without an accommodation, what type of work, if any, can the employee perform with or without an accommodation? Please be specific.
  
6. Is the need for accommodation likely to be temporary or permanent? If temporary, how long do you estimate the need for accommodation will exist?

\_\_\_\_\_  
Provider name (Please print)

\_\_\_\_\_  
Professional license or specialty

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **ADA DEFINITION OF DISABILITY**

##### **WHO IS CONSIDERED DISABLED UNDER THE ADA?**

***Under the ADA, a person with a disability is defined as follows:***

1. "an individual with a physical or mental impairment that substantially limits one or more major life activities"
2. "an individual with a record of a substantially limiting impairment"
3. "an individual who is perceived to have such an impairment"

ADA Reasonable Accommodation Request: Health Care Provider Information Form

## **THE REASONABLE ACCOMMODATION INTERVIEW FOR EMPLOYEES**

**Purpose:** The Reasonable Accommodation Interview (RAI) is designed to provide Equal Employment Opportunity for an employee with a disability and to allow the employer a process for assessing fairly and accurately the impact of a worker's disability on the performance of the essential functions of the job. It is assumed that the employer has accurately assessed the essential functions of an employee's job prior to the RAI.

### **I. Preliminary tasks the employer should accomplish prior to the RAI:**

Review the employee's position description to ensure:

- A. the position description accurately reflects the essential functions of the position;
- B. quality and quantity requirements are stated if appropriate;
- C. behavioral factors necessary for the job are considered in measurable terms; and
- D. an ADA Job Evaluation has been performed noting:
  - 1. how the duties are functionally performed (physically)
  - 2. behavioral characteristics essential for job performance

### **II. Preliminary Requests**

Prior to a formal meeting to discuss an employee's reasonable accommodation request, the manager or supervisor should request the completion of the Documentation in Support of Request: Health Care Provider Information form from the employee's health care provider.

### **III. The Interview**

During the formal RAI, managers or supervisors should begin the interview by reviewing with the employee the employer's responsibilities under the ADA and the purpose of the RAI.

- A. Responsibilities of the employer for reasonable accommodation under the ADA are to:
  - 1. Provide reasonable accommodation for the employee in their current job (give examples of what a reasonable accommodation might be);
  - 2. Make modifications or adjustments that enable the employee to enjoy equal benefits and privileges of employment that are enjoyed by other similarly situated employees without disabilities;
  - 3. Provide accommodation unless to do so would be an undue hardship or pose a direct threat to the employee or other employees

4. Inform the employee of the consequences of failing to identify a reasonable accommodation.
    - a. The employee will not be considered qualified for the job.
    - b. Explain the availability of disability benefits, if appropriate.
  5. Discuss reassignment to another position. Review with the employee that to be reassigned, a position at or below his/her current salary must become open within a reasonable amount of time and s/he must be qualified for the position.
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- B. Ask the employee in a documented interview setting if they consider themselves a person with a disability and if so, what part of the ADA definition they believe they meet.
  - C. Ask the employee what the impact their disability has or will have on their job performance.
  - D. Review the essential functions of the job and ask what impact the disability has on each specific function.
  - E. Brainstorm with the employee about potential accommodations.
  - F. Come to an agreement or resolution for providing equal employment opportunities through reasonable accommodation.
  - G. Research accommodation solutions and alternatives with other professionals such as Alaska DVR, Access Alaska, Assets, Arca, Alaska Center for Deaf and Blind Adults, and The Job Accommodation Network (1-800-526-7234)
  - H. Keep a record of the RAI.

#### **IV. Follow-up**

- A. Talk to the supervisor (10 days / 1 month / 60 days).
- B. Talk to the employee.
- C. Document the follow-up.
- E. Advise the Department ADA Coordinator of all progress and information obtained.

#### **V. Formal Documentation and Record Keeping**

- A. RAI results and follow-up documentation (including doctor's statements and medical evaluations) must be maintained in the employee's confidential medical file.
- B. Copies of all documentation related to the employee's reasonable accommodation request must be provided to the employee upon request.



